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Bush Administration's Medicaid Proposal Decimates Services for People with Disabilities

The Consortium for Citizens with Disabilities is a Washington-based coalition of over 100 national disability organizations. The CCD is strongly opposed to President Bush's recently proposed Medicaid reforms because they would eliminate the longstanding guarantee that all Medicaid beneficiaries in a state have access to a comprehensive array of services. The services and supports that beneficiaries currently receive — including children and adults with disabilities — are based on what they need. For their health and well being, these services are not optional. These supports and services enable children and adults with disabilities to live and work in their own homes and communities.

The Bush Administration's Medicaid proposal states an interest in modernizing and streamlining the Medicaid program. However, disability advocates believe that the Administration's proposal would deconstruct and eviscerate a program that has been the lifeblood of millions of children and adults with disabilities and their families.

Services and supports currently provided by Medicaid that enable individuals to lead full and meaningful lives would be eliminated when no other alternatives exist. Medicaid is generally the only choice for most people to receive comprehensive services and supports

Medicaid Works

For children with all types of disabilities, access to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, with its variety of screenings, services and therapies, can often make a major difference in their lives. Access to these important services is what enables them to lead healthy and more active lives; avoid additional disabilities; continue to live at home with their families; make it through school; get a job; participate in recreation; and participate actively in the community in which they live.

Medicaid is the primary public source of funding for long-term services and supports for people with disabilities of all ages. It is the largest funder of state and local spending on mental health, mental retardation, and developmental disabilities services in the country.

For people with epilepsy, mental illness, HIV, and a variety of other conditions, Medicaid is very often the only source of access to essential prescription drug coverage.

For people with a variety of physical disabilities, such as spinal cord injuries, traumatic brain injuries, cerebral palsy, or amputations, Medicaid usually is the only way they can get access to durable medical equipment like wheelchairs or prosthetic devices, as well as assistive technology.

For many people with cognitive and other types of disabilities, Medicaid generally is the only source of funds for

them to live and work in the community with friends and families and avoid more costly and segregated nursing homes or institutions.

Wrong Solution for the Wrong Problem

The Administration has proposed reforms that give only one stakeholder in the Medicaid program — the states — virtually unchecked flexibility at the expense of beneficiaries and providers. Removing the entitlement to Medicaid for children and adults with disabilities and their families— and capping funding -- will give states unlimited discretion to limit access to health and long-term services and supports that these individuals need. These are the people for whom “safety net” programs like Medicaid have life-altering implications.

The Administration’s proposal undermines well-reasoned and time-tested beneficiary protections as though they were responsible for current challenges in financing Medicaid. They are not. Federal oversight of state programs is often the only way to ensure fairness and non-discrimination. It is often the only way to protect the most vulnerable individuals from abuse, as well as demand accountability for this taxpayer-supported program.

Medicaid can be a solution to lack of insurance. It is not the reason that so many children and adults in our nation are uninsured. Medicaid plays a critical role in mitigating the problem of lack of insurance by providing health care coverage to children and families, the elderly, and people with disabilities — often the most vulnerable and poorest individuals in the country. The Administration’s plan would sacrifice what makes Medicaid work in the name of providing meager health coverage to new populations.

The President’s proposal would hold the long-term health of Medicaid hostage to short-term state fiscal relief. This ignores the reality that short-term and long-term challenges require attention. Positive modernization proposals would include:

- Maintaining the existing entitlement to Medicaid’s full range of benefits and to the federal protections that make access to these necessary services and supports dependable and real.
- Temporarily increasing financing to states that helps to preserve the national investment in Medicaid. When the economy struggles, the federal government has a vital role in preventing a worsening crisis.
- Ensuring that states effectively implement the EPSDT program. EPSDT is a critical tool to prevent and minimize disability and to ensure that children get the best possible start in this world so they can grow up to be contributing members of society.
- Establishing mandatory coverage for home- and community-based services that provide a viable alternative to institutional living for people with disabilities and the elderly.
- Increasing the federal responsibility for the cost of providing services to Medicare beneficiaries. This includes increased federal support for prescription drug coverage, durable medical equipment, and long-term care services for low-income persons eligible for both Medicaid and Medicare.

The Bush Administration proposal fails people with disabilities and dishonors the nation’s commitment to its residents — it is not in the national interest. While the President has offered several proposals under the New Freedom Initiative that portray his understanding of some of the concerns of people with disabilities, his Administration’s Medicaid modernization proposals expose a disconnect between rhetoric and reality.

Any changes to Medicaid must recognize the unique populations enrolled in Medicaid, including seven million people with severe disabilities – both children and adults. State Children’s Health Insurance Program and private

market benefits packages are not only inadequate for these individuals, but they are also often completely unavailable. What the Medicaid program calls “optional” services are, in reality, mandatory disability services for the children and adults who need them. These services often are not only life-saving, but also the key to a positive quality of life – something everyone in our nation deserves.

We pledge to work with the Congress to ensure that any modifications to the program are in the best interests of children and adults served by Medicaid -- which in the long run would be in the best interests of our nation.

ON BEHALF OF:

Adapted Physical Activity Council
Advancing Independence: Modernizing Medicare and Medicaid
American Academy of Child and Adolescent Psychiatry
American Association on Mental Retardation
American Association of People with Disabilities
American Congress of Community Supports and Employment Services
American Council of the Blind
American Foundation for the Blind
American Medical Rehabilitation Providers Association
American Music Therapy Association
American Network of Community Options and Resources
American Occupational Therapy Association
American Therapeutic Recreation Association
Association for Educators of Community-Based Rehabilitation Programs
Association of Maternal & Child Health Programs
Association of Tech Act Projects
Association of University Centers on Disabilities
Bazelon Center for Mental Health Law
Brain Injury Association of America
Center on Disability and Health
Center on Disability Issues & the Health Professions
Council of Parent Attorneys and Advocates
Council for Learning Disabilities
Disability Service Providers of America
Easter Seals
Epilepsy Foundation
Federation of Families for Children's Mental Health
Family Voices
Inclusion Research Institute
Inter/National Association of Business, Industry and Rehabilitation
National Association for the Advancement of Orthotics and Prosthetics
National Association of Developmental Disabilities Councils
National Association of Orthopaedic Nurses
National Association of Protection and Advocacy Systems
National Association of Rehabilitation Research and Training Centers
National Association of School Nurses
National Association of School Psychologists

National Association of Social Workers
National Association of State Directors of Special Education
National Coalition on Deaf-Blindness
National Council for Community Behavioral Healthcare
National Down Syndrome Congress
National Mental Health Association
National Organization of Social Security Claimants' Representatives
National Respite Coalition
NISH
Rehabilitation Engineering and Assistive Technology Society of North America
Research Institute for Independent Living
School Social Work Association of America
Spina Bifida Association of America
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